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# SOCIAL SKILLS TRAINING AS A STRATEGY FOR ENHANCING HEALTHY SEXUAL BEHAVIOUR IN ADOLESCENTS WITH LEARNING DISABILITIES IN SELECTED SCHOOLS IN ONDO STATE, NIGERIA

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**Abstract:** This study examined social skills training as a strategy for enhancing healthy sexual behaviour in adolescents with learning disabilities in selected schools in Ondo State. Ninety adolescents with learning disabilities were purposively selected. The participants were randomly assigned to Social Skills Training (60) and control group (30); while treatment lasted ten weeks. Instruments used were: Adolescents Sexual Behaviour Inventory, Learning Disabilities Evaluation Scale and Social Skills Inventory. Data were analysed using analysis of covariance at 0.05 level of significance. Also, estimated marginal mean and Scheffe post hoc test were used. The findings showed that, there was significant main effect of treatment on sexual behaviour of the participants. The study's outcomes further revealed that, a non-significant difference existed between sexual behaviour of male and female adolescents with learning disabilities. This means that, both male and female adolescents with learning disabilities achieved equally healthy sexual behaviours through social skills training. The study therefore concluded that social skills' training was effective in promoting sexual behaviour of adolescents with learning disabilities. It is thus recommended that government at all levels should create an enabling environment coupled with formulation of sustainable policies towards teaching sex education in our schools

**Keywords:** Social Skills Training, Sexual Behaviour, Adolescent, Learning Disabilities, Social skills.

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## INTRODUCTION

Adolescents with learning disabilities may misunderstand social situation and act inappropriately. Their behaviours are often misinterpreted as deliberate. In fact, their behaviours are as a result of not knowing how to act appropriately. They also appear not to listen and may not attend to details. Besides, adolescents with learning disabilities are at increased risk of engaging in unhealthy sexual behaviours due in part to deficits in social cognition and communication (Swango-Wilson, 2011). Adolescents with learning disabilities often face unique challenges in navigating social interactions, which can significantly impact their ability to make informed and healthy decisions about sexual behaviour. In addition, they may lose things easily, be forgetful, get disorganised and often make many mistakes. They may not also be able to perceive the social cues exhibited by their peers through facial expressions or tone and recognise the feelings of others or understand the consequences of their actions. In the same vein, adolescents with learning disabilities may be unable to take others' point of view or determine the effects their behaviours have on others. Many authorities believe that poor social skills accounted for significant and life-long difficulties for between three per cent and five per cent of the school-age population (Carlson, 2009).

According to the Joint Committee for Action in Community Care (2007), adolescents with learning disabilities frequently lack the opportunity to form enduring relationships and have their sexual needs satisfied. This might be because they aren't given the support they need to be who they are and to fulfill their basic human rights, which include the freedom to choose whether or not to create partnerships. They have trouble finding the information they require regarding sex and relationships. Additionally, compared to the general population, people with intellectual disabilities are almost four times more likely to experience sexual assault (MENCAP, 2004). According to Carlson (2009), social skills in adolescence are critical for both early academic performance and subsequent adjustment. Research has shown that adolescents with learning disabilities without adequate social skills have difficulties which include peer rejection and behavioural problems. These challenges can hinder their ability to interpret social cues, resist peer pressure and establish appropriate interpersonal boundaries (Stokes & Kaur, 2005). Moreover, recent research revealed disturbing rates of expulsion in pre-school and kindergarten, which necessitated interventional efforts to promote social skills (Gresham & Shalar, 2006).

Silver (1998) concluded that persons with learning disabilities may for instance, inappropriately share very personal information with casual acquaintances. At the same time, they may not know how to make appropriate investments in establishing a close relationship with those with whom they wish to be friends. Adolescents with learning disabilities do not pick up on the subtle messages usually conveyed by facial expression, body language, tone of voice and they miss the signal that these cues send (Silver, 1998). These adolescents are often viewed as hostile; they are at risk of social neglect and rejection. Severs and Jones-Blank (2008) believe that learning disabled have behaviours that are awkward and unacceptable. Therefore, teachers, parents and peers need to

teach these individuals on how to act and react appropriately. Facilitating social interaction and teaching students how to interact socially with peers can help them develop these vital social skills. In addition, in order for these persons to acquire the critical life skills essential to living with others, they have to be taught (Severs & Jones-Blank, 2008).

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Esmail, Darry, and Walter (2010) note that adults are more likely to live and work in community settings, and the majority of adolescents with disabilities attend schools where they spend part or all of the school day interacting with peers who are typically developing. However, society may continue to view disabled people as sexual beings in a negative and stereotypical way, either as asexual or as hypersexual and incapable of controlling their sexual appetites. Nonetheless, numerous studies have demonstrated that people with disabilities have healthy sexual capacities, although society frequently does not view this as a topic worth investigating.

Sexual health education is essential for all adolescents, but it holds particular significance for those with learning disabilities, who often face distinct cognitive, social and communicative challenges that increase their vulnerability in sexual and relational context (Swango-Wilson, 2009). Adolescents with learning disabilities may struggle to understand abstract concepts such as consent, emotional intimacy and sexual boundaries due to impairments in processing, memory and language (Murphy & Elias, 2006). These limitations can lead to increased risk of sexual exploitations, unplanned pregnancies and sexual transmitted infections (Brantlinger, 2006). Moreover, youth with learning disabilities often lack opportunities to engage in open discussions about sexuality, as educators and caregivers may underestimate their capacity to benefit from such education or avoid the topic due to discomfort (Travers & Tincani. 2010). Mainstream sex education programme frequently fail to accommodate the learning styles and developmental levels of these students, leaving significant gap in their knowledge and skills (kalyva, 2010). Tailored health sexual education designed with accessible language, visual supports, repetition and social context modelling are not only empowered adolescents with learning disabilities to make safer and more informed choices but also fosters autonomy, self-advocacy and resilience in interpersonal relationships (Di Giulio, 2003).

Social skills are learned, context-dependent behaviours essential for effective interpersonal functioning, involving communication, cooperation, emotional regulation and empathy (McDonald et al, 2023; Dong et al., 2023). Social skills are a set of learned behaviour that enable individuals to interact effectively and appropriately in various social contexts (Gresham & Elliott, 1993). All of the things a person should say and do when interacting with others are considered social skills. These are unique skills that enable someone to carry out specific social tasks with competence. According to Zins, Weisberg, Wang, and Walberg (2004), social skill is viewed in the context of social and emotional learning, identifying and controlling emotions, showing concern and care for others, building strong bonds with others, making morally and constructively difficult decisions, and dealing with difficult circumstances. Daily interactions like letting people speak without interjecting, maintaining composure in the face of annoying behaviors from classmates, and keeping personal complaints to oneself are all examples of social skills. More advanced social skills involve facets of self-control such as self-regulation, making informed decision, assertiveness and negotiation, anger management (Kane, 2006). Supporting earlier researchers, Walker (2018) describes social skills as a set of competencies that allow an individual to initiate and maintain positive social relationships, contribute to peers acceptance and to satisfactory school adjustment and allow an individual to cope effectively with the larger social environment.

One’s social skills are important for putting one's own image in a good light. It enables one to say the right thing, being assertive, relate well, possess good manners, talk politely, and be at ease with reasonable poise and confidence in the presence of strangers. It also helps an individual to navigate such everyday interactions as exchanging greetings, hold conversations, starting friendships maintaining them and asking for help and instructing others. In addition, social skill is a term used to describe the child's knowledge of and ability to use a variety of social behaviours that are appropriate to a given interpersonal situation which are also pre-requisites for effective question negotiation, information, counselling and other client-centred approaches to mediating, information seeking and use (Agada, Wearer, Kantainnani & Stalling, 1994). To do these things, it is suggested that adolescents with learning disabilities should have adequate control of their own whims and caprices, desires and moods.

Social skills training, on the hand, plays a vital role in addressing sexual behaviour challenges encounter by adolescents with learning disabilities by equipping them with tools needed to communicate effectively, establish boundaries and fostering emotional relationships. Social skills training serves as a foundational strategy in promoting healthy sexual behaviours and reducing risk among adolescents with learning disabilities. It is frequently utilized as one part of a combined therapy program and is given either individually or in a group setting, typically once or twice a week. Teaching people the verbal and nonverbal behaviors that are a part of everyday social interactions is the aim of social skills training. Adults who struggle to detect social signs or who have not been taught appropriate interpersonal skills are typically the ones who start social skills training. Some examples of skills targeted in social skills training programmes include initiating conversations, greetings, appropriate eye contact, understanding personal boundaries, consent and communication skills, recognising healthy vs unhealthy relationships, understanding emotions and empathy, nonverbal communication and social cues, dating skills and romantic scripts, sexual health and hygiene, education, assertiveness training, understanding emotions and facial expressions, gestures and body language. It should be emphasised here that the above trainings aim at improving understanding, knowledge, consent, boundaries and relationship building.

Conventional method, also known as traditional method is a form of expository method which is teacher centred approach

where students learn various concepts, principles, and theories by rote and memorisation without being able to apply it to everyday life situation (Akinbobola, 2018). it is a method in which the teacher delivers a pre-planned lesson to the students with or without the use of instructional materials. It involves a one-way communication pattern in which students' participation is virtually non-existent.

Essentially, the study considered respecting personal space, which is understanding personal boundaries that include private and public space. Personal space can be defined as physical distance between individuals, which varies depending on cultural norms, personal preferences and social contexts. It is the area around a person that they consider their own, where they feel comfortable and secure. It can also be seen as limits individuals set to protect their physical, emotional and mental well-being. Tolman and McClelland (2011) emphasise that understanding and respecting personal boundaries is essential for promoting healthy sexual development among adolescents. Personal space, in the context of sexuality, refers to the physical and emotional boundaries individuals set to regulate proximity and intimacy, ensuring comfort, autonomy and consent in sexual or intimate situations. This boundary-setting is especially important during adolescence, as individuals develop their sense of bodily autonomy and begin to navigate intimate relationships.

Numerous attempts had been made to develop intervention packages for assisting adolescents without disabilities overcome problems of risky sexual behaviours while it has been found out that adolescents with learning disabilities often lack access to information specific to their individuals' circumstances, about appropriate expression of sexuality and effective sexual communication skills further leading to their vulnerability (Di Guilio, 2003). Thus, social skills training in sexual behaviours, becomes very crucial at this point in time so as to address unhealthy sexual behaviours of adolescents with learning disabilities.

**Statement of the Problem**

Poor social skills frequently experienced by adolescents with learning disabilities makes it difficult for them to be successful in developing healthy sexual behaviour, inter-personal and intra-personal relationships; this inappropriate sexual behaviour accounts for unintended pregnancies, regrets, mistakes, sexually transmitted infection, infant and high mortality rates, poverty, high dropout, sickness and diseases. In addition, the society has ignored and or minimised the issue of sexuality in persons with disabilities, the idea that persons with disabilities especially learning disabled can be sexually active is relatively new and it might be that people with disabilities were thus not seen as human beings who are at risk of developing risky sexual behaviour. Consequently, they have less exposure to sex education and little or no basic sexual health information, they are prone to exhibiting unacceptable sexual behaviours, contracting sexually transmitted diseases (STDs), awkward social interactions, unable to cope with sexual advances, inability to show appropriate response to extreme sexual pressure, diminished rates of participation in postsecondary education, higher rate of drop-outs, unwanted pregnancy and various psychological problems. Moreover, the researchers observed that the deserved attention is not given to this category of adolescents and this has grave implications in a number of ways, especially in their overall quality of life and the larger society. Without developing appropriate intervention to address their social problems, these adolescents are likely to continue demonstrating unhealthy sexual behaviours throughout their life time.

Besides, as the incidence of adolescents with learning disabilities increases, so is the urgent need for effective interventions that target healthy sexual behaviours development becomes imperative. This is because adolescents with learning disabilities who are never taught appropriate social skills may develop their own habits and means of getting their sexual needs met. These habits and means are often in conflict with what society perceives as acceptable healthy sexual behaviours. Based on the foregoing, this and more necessitated carrying out this study on the impact of social skills training strategy in promoting sexual behaviours of adolescents with learning disabilities in Ondo State, Nigeria.

**Objective of the Study**

The study was designed to achieve the following objectives:

- To examine the effect of social skills training on enhancing healthy sexual behaviour among adolescents with learning disabilities.
- To find out the influence of gender on sexual behaviour of adolescents with learning disabilities when acquire social skills training.

**Hypotheses**

- **$H_0$1:** There is no significant main effect of social skills training on the sexual behaviour of adolescents with learning disabilities.
- **Ho2:** There is no significant difference between sexual behaviour of male and female adolescent with learning disabilities that acquire social skills training.

## Methodology

Pre-test-post-test, control group quasi-experimental design was used in the investigation. In Ondo State, Nigeria, it was used to examine how social skills training improved the sexual behavior of teenagers with learning difficulties. All teenagers in Ondo State, Nigeria's senior secondary school one (SS1) with learning challenges who exhibited inappropriate sexual behavior and social skills deficiencies made up the target population. Using the school records that their teachers provided, the researchers purposefully chose teenagers with learning impairments. Then, they were further screened using the Learning Disabilities Evaluation Scale (LDES) by McCartney and Artaud to determine learning disabilities among the participants, Adolescents Sexual Behaviour Inventory (ASBI), a standardised inventory was used to find out how adolescents with learning disabilities understand their sexual behaviour and Social Skills Inventory (SSI) determined social skill levels of the participants. Adolescents with evidence of impaired social skills and risky sexual behaviour were randomly assigned to treatment package and the control group. The experimental groups and the control group consisted of 90 pupils.

**Procedure for Data Collection**

The study's research assistants and students received training on the goal, length, and proper use of the treatment package prior to the start of the therapy intervention. In a similar manner, one school acted as the control group and two schools as the treatment groups. Six research assistants were educated by the researchers utilizing the Social Skills Training teaching standards. The duration of this program was two days. The research assistants' proficiency with the procedure was assessed at the

conclusion of the training. Three competent research assistants who supported the researchers in providing the treatment package were chosen by the researchers as a result of this evaluation. While the individuals of the control group worked on their regular schoolwork, the members of the treatment groups received training. The instruction took place while the participants were engaged in extracurricular activities. Pre-treatment, treatment, and post-treatment were the three stages of the treatment intervention.

**Pre-Test Assessment**

The researchers used the Learning Disabilities Evaluation Scale to screen for learning disabilities among the participants, Adolescents Sexual Behaviour Inventory was used to screen for understanding the participants' level of their sexual behaviour as adolescents and Social Skills Inventory was equally used to determine social skill levels among the participants for the study. Furthermore, Adolescents Sexual Behaviour Inventory was used as pre-test and post-test administered on the participants in experimental and control groups.

**Treatment Strategy**

For ten weeks, each participant in the two experimental groups received a lecture as part of a therapy intervention session. Each instruction lasted for forty-five minutes. There was no treatment administered to participants in the control group. Social story and self-monitoring techniques were taught to participants in the two experimental groups.

**Method of Data Analysis**

Both descriptive and inferential statistics were used to analyze the gathered data. Means, standard deviations, and frequency counts were among the descriptive statistics, and Analysis of Covariance (ANCOVA) was the inferential statistic employed. The Multiple Classification Analysis (MCA) was used to determine the differences in the variables tested. Scheffes' post hoc test was also used to determine the sources of significant differences among the variables in the study. The two hypotheses were tested at 0.05 level of significance.

**RESULTS**

- Hypothesis One: There is no significant main effect of social skills training on the sexual behaviour of adolescents with learning disabilities.

**Table 1: Summary of Analysis of Covariance (ANCOVA) on Sexual Behaviour of the Participants**

**Dependent Variable: Post social skill**

| Source | Type III Sum of Squares | df | Mean Square | F | Sig. | Partial Eta Squared |
|---|---|---|---|---|---|---|
| Corrected Model | 2798.260[a] | 10 | 279.826 | 28.436 | .000 | .783 |
| Intercept | 3510.760 | 1 | 3510.760 | 356.768 | .000 | .819 |
| Presexualbeha | .761 | 1 | .761 | .077 | .782 | .001 |
| Tretmt | 1467.925 | 2 | 733.962 | 74.586 | .000 | .654 |
| Selfestmrate | 4.903 | 1 | 4.903 | .498 | .482 | .006 |
| tretmt*selfestmrate | 7.836 | 2 | 3.918 | .398 | .673 | .010 |
| Error | 777.396 | 79 | 9.840 | | | |
| Total | 245793.000 | 90 | | | | |
| Corrected Total | 3575.656 | 89 | | | | |

Table 1 reveals that, there is a significant main effect of treatment on sexual behaviours of adolescents with learning disabilities ($F_{(2,79)} = 74.59$; $p<0.05$; $\acute{\eta}^2 = .65$). Therefore, $H_0 1$ is rejected. Table 1 also shows a multiple regression squared index = **(**$R^2$) of .755.This implies that, 75.5% of the total variance in the sexual behaviour of adolescents with learning disabilities is attributable to the influence of treatment (Social skills training).

Table 2 reveals the magnitude of performance across the groups.

**Table 2: Estimated Marginal Means of Post Sexual Behaviours of Children with LD**

| Variable | N | Mean | Std. Error |
|---|---|---|---|
| **INTERCEPT** | | | |
| Pre-Sexual Behaviour | 90 | 27.82 | - |
| Post Sexual Behaviour | 90 | 72.18 | .76 |
| **TREATMENT** | | | |
| Exptal. Group 1 (Social Skills Training) | 30 | 57.08 | .87 |
| Exptal Group 2 (Social Skills Training | 30 | 54.24 | .64 |
| Control Group (without treatment) | 30 | 44.20 | .47 |

Table 2 reveals that, those adolescents with learning disabilities in the experimental group exposed to social skills training had the largest post social skills mean score (57.08); followed by those in the experimental group 2 (54.24) while those exposed to conventional method had the lowest post social skills mean score (44.20). This implies that those students in experimental group (Social skills training) did significantly better than those in control group (without treatment).

**Hypothesis Two**: There is no significant difference between sexual behaviour of male and female adolescent with learning disabilities that acquire social skills training.

**Table 3: Summary of t-test analysis shows the difference between male and female adolescents with learning disabilities.**

| Variable | N | X | SD | df | t-cal | t-tab |
|---|---|---|---|---|---|---|
| Male | 30 | 47.8 | 5.8 | 58 | .67 | 1.96 |
| Female | 30 | 87.5 | 7.3 | | | |

Table 3 above showed that, there is no significance difference between sexual behaviour of male and female adolescents with learning disabilities. The t-cal is .67, df = 58 and t-tab is 1.96. Since the t-cal (.67) is less than t-tab (1.96), the second hypothesis was therefore not rejected.

## Discussion of Findings

The first hypothesis in the study stated that there is no significant main effect of treatment on social skills of adolescents with learning disabilities. The findings from the Analysis of Covariance in Table 1 indicated that, there was significant main effect of treatment in the post test scores in social skills of adolescents with learning disabilities in the experimental and control groups. The null hypothesis is thus disproved. In other words, treatment has a major impact on how adolescents with learning difficulties behave sexually. The experimental group (social skills training) outperformed the control group by a large margin. Additionally, a pairwise significant difference was observed. Table 2's Scheffe multiple range Post-Hoc test demonstrated how social skills training differed from the control group. The fact that adolescents with learning difficulties who were exposed to the interventional method gained more from the treatment package than those in the control group was a significant finding in this study. This can be explained by the fact that the control group participants' results, as indicated by the post-test mean score, were achieved because they were not subjected to any treatment packages. This finding supports the findings of O'Handley, Ford, Radley, Helbig, and Wimberly (2016) and Igbeneghu and Popoola (2020), who emphasized the value of social skills training in encouraging healthy sexual behaviors in teenagers with learning difficulties. Participants' capacity to resist peer pressure and make educated sexual decisions significantly improved as a result of the intervention.

According to the investigation's findings, which are displayed in Table 3, there was no discernible difference in the sexual behavior of male and female teenagers with learning difficulties. This indicates that social skills training helped both male and female adolescents with learning difficulties develop sexually healthy behaviors. The ability of both male and female adolescents with learning disabilities to jealously maintain and defend their personal space—that is, the emotional and physical boundaries people establish to control intimacy and proximity and guarantee comfort, autonomy, and consent in sexual or intimate situations—is also noteworthy. This boundary-setting is especially important during adolescence, as individuals develop their sense of bodily autonomy and begin to navigate intimate relationships. This study does not agree with the findings of Gifford (2010) who states that, males tend to require more personal space than females. Nonetheless, the study suggests that for teenagers with learning disabilities, good sexual behaviors require knowledge of personal boundaries, permission, safe practices, and meaningful connections, irrespective of gender. Adolescents with learning challenges, both male and female, benefit from comprehensive education that places greater emphasis on these crucial elements to encourage healthy sexual behavior.

## Conclusion

The study therefore, examines social skills training as a strategy for enhancing healthy sexual behaviour in adolescents with learning disabilities in selected schools in Ondo State. The fact that adolescents with learning difficulties who were exposed to the interventional approach (social skills training) gained more from the treatment package than those in the control group is a significant finding in this study. This indicates that social skills training helped both male and female adolescents with learning difficulties develop sexually healthy behaviors. The study comes to the conclusion that teenagers with learning difficulties would engage in healthy sexual behavior if they had better social skills.

**Recommendations**

Based on the findings of this study the following recommendations are made:

- Social skills training as a strategy to enhance healthy sexual behaviours especially maintaining personal space should be strongly stressed in the school curriculum;
- Teachers should be sensitized and enlightened on the positive and perceived benefits of social skills training on improving adolescents with learning disabilities sexual behaviours through workshops, seminars and conferences;
- Government at all levels should create an enabling environment coupled with formulation of sustainable policies towards teaching sex education in our schools
- Teachers and parents should be made to explain in details sex education to their children and wards in their custody, so as, to equip them with the appropriate sexual behaviour skills such as being assertive that would assist them to develop healthy sexual behaviours.

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